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MODERN MEDIAEVALISM

The gait in Parkinson's disease is described as "festinating." On consulting the Latin dictionary, which (not from any motive of respect, but because of the importance of knowing one's enemy) is a constant companion of the Editor, we find that "*Festino—aviatum*" means "to hurry." Why, then, does this unfortunate individual festinate rather than hurry as he totters laboriously towards his grave?

The essential reason is found in an absurd and illogical veneration of Latinism, which is responsible for a worthless aura of mediæval scholarship still hanging around a subject in which mediæval practice would hardly be praised, even by our own amateur archaists.

Several correspondents this month point out that Saxon words alone do not provide a wide enough vocabulary. This is obvious. Our quarrel is not with those who use words of foreign derivation where a Saxon word is lacking, or where the foreign word conveys shades of meaning absent from its Saxon synonym, but with those bombastic gentlemen who love the long word for its own sake, and who of two available words always choose the Romance.

In the construction of these new words there is a preference for Latin derivation, due not to any considered belief that Latin provides the most suitable roots for a scientific word but to the mischance that Latin and English use a similar alphabet. Latin as a mental gymnastic is therefore taught to a large number of male children from the age of nine until the happy day when those who are to become medical scientists or artists (whichever you prefer) throw away their inkstained primers and grammars. Only the Latin dictionary is kept as a dusty souvenir of useless knowledge about a barbarous race, whose chief delights as revealed to the average schoolboy were the slaughter of Gauls and the enjoyment of vulgar orgies in

their centrally-heated villas. It is these schoolboys, now grown up, who reach for their Latin dictionary when they wish, sometimes justifiably, sometimes not, to construct a new word.

We are aware that English Law is derived partly from Roman Law imported by the Normans. For this inheritance there may be some reason to be thankful: we are not qualified to praise or to condemn. Science, however, owes little or nothing to the Roman civilisation, except the pernicious tradition of authority which hindered the advance of knowledge throughout the Middle Ages.

We might profitably consider whether this ponderous mediævalism has not had its day, and if we decide that it is no longer necessary to disguise our ignorance under a cloak of polysyllables we can return to writing our own language. If, however, we decide that mystery is still essential to the modern physician we should write our mystifications in Greek. This would sufficiently confuse the unfortunate layman and at the same time provide a link between modern science and a civilisation which was truly worthy of the name.

To the die-hard (off whose carapace this tirade will roll like *aqua destillata*) we would offer some advice: be consistently obscure. You write in your prescriptions—

Sodii Bicarbonatis, grs. XV,
instead of the simple—

Sodium bicarbonate, 1 gram.

Be consistent, therefore, when you next order a hormone, and instead of writing

Oestradiol benzoate, 10,000 units,
inscribe with a flourish of your antique pen

Oestradiolis Benzozatis,
units MMMMMMMMM

Like most prescriptions in dog-Latin it will be both incorrect and incomprehensible.

THE DOCTOR AFLOAT

By SURGEON-LIEUTENANT A. G. E. PEARSE,
R.N.V.R.

Medical life in the Navy is not necessarily a life on the ocean wave, for, like the Royal Marines whose behaviour, to the detriment of the enemy, sometimes belies their signature tune, the Naval M.O. may practice ashore. Sea and shore time, in fact, alternate in the approximate ratio of one year of the former to six months of the latter. However, the majority of new entries seem to go straight to sea, usually in a destroyer where the doctor who has joined the Navy presumably begins to see the world. But if his destination be one of the ships of the Northern Patrol or of the Battle of the Atlantic then, in the words of the song, he will probably "see the sea" and very little else unless it be some of those misguided species of fowl which make their home upon the waters.

However, this is a digression—"Enough!" I hear you say, "Tell me what Medicine I shall have to do." I am tempted to answer in a word, or two words. But no; for medically the job is just what you make it.

There are interesting cases, many more than you would suppose, if only, and this is so difficult after a House job, you can bring yourself to take that interest in a single case which previously you took in twenty. Unfortunately most of the "good" cases have to be discharged to hospital for lack of facilities for investigation and treatment. Perhaps from six to twelve cases attend the daily session at 9 o'clock in the Sick-bay and "Skins," including the ubiquitous Itch, figure high in the list.

Lack of water, do you say? I think something deeper. Temptation to take a holiday professionally has to be resisted, but serious reading, and this opinion is shared by all other destroyer M.O.'s with whom I have discussed it, is almost impossible in a small ship, partly due to lack of quiet, but chiefly to the host of new interests and occupations which confront the now somewhat less earnest student of medicine.

Almost inevitably, in a small vessel at all events, the "Doc" is required to perform the duties of Mail Officer and Censor and, believe me, the latter is no sinecure, although it has its lighter moments and can be considered, perhaps, almost as much an education as

"District." In addition he may be Wine and Tobacco Caterer, at best a thankless job, perhaps Sports Officer or even Mess Secretary, and will certainly perform one or two other functions which the observance of the Hague Convention by one of the participants in the present "incident" precludes my mentioning.

Surgical practice, except for trivial repairs is, of course, dependent upon the temper and accuracy of the enemy and, even allowing the latter, takes the form of advanced First-Aid for shock, hemorrhage and burns far more often than surgery proper. Operations, if any, take place upon the Wardroom table and to the Wardroom, too, go those cases which overflow from the Sick-bay; but in spite of the provision of a fine electric steriliser in the latter, antisepsis, I fear, is more practical than asepsis in the heat of action.

Lastly, there is the social side of things and there is certainly no lack of good company both in one's own ship and in the Flotilla with whom, when in harbour, there is a continuous exchange of R.P.C.'s and W.M.P.'s (request pleasure of company—with much pleasure), and against whom, in the winter, Rugger, Hockey and Soccer are played subject to duty and weather. But regular exercise is, alas, impossible.

Many enjoyable and unexpected reunions occur for there is a large number of Bart.'s men in the Navy and it is scarcely possible to go anywhere without meeting one.

To those now on the House I would say—Join the Navy and enjoy the inestimable benefit of taking your home and its comforts with you all the time when you go to war. How can I restrain a note of enthusiasm when I think of such excellent specifics as a glass of "Plymouth" at 2d., or of first-class tobacco at 2s. 4d. per pound.

Higher rank and higher pay than the other Services, good company, good food, good wine, and additional zest in taking an active part in the hunt, all these things and many others unmentioned or unmentionable are offered. Ponder then, Brother, and deeply before you take upon yourself the brown garb of the "Pongo" or the ethereal blue of the "Bryl-cream boys."

*All contributions for the February number
must be sent in before January 12th.*

A CASE OF PUPERAL CEREBRAL ABSCESS

By J. K. CHISHOLM, M.R.C.S., L.R.C.P.

It is well recognised that cerebral abscess may result from direct infection, spread from a neighbouring focus such as the ear, or blood-borne infection. This case is reported because blood stream infection of the brain with abscess formation secondary to puerperal fever would appear to be a very unusual occurrence.

The patient was a girl aged 15½ who was admitted to the neuro-surgical ward at Hill End Hospital under the care of Mr. O'Connell, in March, 1941.

History.

She had always been a normal healthy girl. In April, 1940, her mother discovered she was two months pregnant. Pregnancy continued normally to term and in October, 1940, she was delivered of a male child after a difficult labour lasting 76 hours owing to an occipito-posterior position. There was a post-partum haemorrhage—details of which are not available.

The puerperium was marked by pyrexia and offensive lochia and the patient was put on sulphapyridine. She made good progress until fourteen days after the delivery when she suddenly lost the power of speech, became mentally confused and incontinent of urine. This was followed by vomiting, headache and lapses into a comatose condition.

This state of affairs continued for three weeks and then a gradual improvement set in. The patient became interested in her surroundings, spoke rationally, and fed and washed herself. However, she complained of headache (mostly in the occipital region) and inability to see properly.

In December, 1940, she was taken home, started to go out and appeared to her mother to be normal. She remained fairly well until February, 1941, when her headache again became severe and vomiting recurred. She was re-admitted to her own hospital and remained there until sent to Hill End in March, her condition having been stationary.

Previous history and family history were negative.

EXAMINATION.

A pale, dark girl. She was unconscious and responded only to painful stimuli.

Cranial Nerves.

I. Not tested.

II. Bilateral papillædema with pale discs and small vessels. Fields and acuity not tested.

III, IV, VI. External ocular movements

apparently normal. Pupils of normal size, equal, no light reaction.

V. Corneal reflex was present bilaterally but weak. Pain was appreciated in the distribution of the nerve.

VII. Right lower paresis.

IX, X, XI, XII. Could not be adequately tested but showed no gross abnormality.

Motor System.

There was a spastic paresis of the right arm and the right leg moved less than the left in response to painful stimulation.

Tone on the right side was greater than on the left.

Sensory System.

Pain was appreciated everywhere.

Further sensory examination was impossible because of her state of consciousness.

Reflexes.

	Right.	Left.
Biceps jerk	+	+
Triceps jerk	+	+
Supinator jerk	+	+
Abdominal reflexes ...	O	+
	+	+
Knee jerk	++	+
Ankle jerk	++	+
Plantar response	extensor	extensor?

General Examination.

The patient showed no pyrexia nor other abnormality apart from an offensive vaginal discharge.

The patient was given magnesium sulphate enemas without any effect on the depth of the coma, and so it was decided without any further investigations to carry out ventriculography and then proceed as indicated by its results.

A ventriculography was therefore done. 40 c. cms. of cerebro-spinal fluid were removed and replaced with oxygen. The X-ray showed normally sized ventricles with a large displacement of the lateral ventricles to the right in the frontal region.

Immediately following this investigation a frontal bone flap was turned, under local anaesthesia and avertin, and the frontal lobe of the cerebrum needled. After the needle had passed inwards and forwards for 4 cms. pus was found. About 45 c. cms. in all were withdrawn. The bone flap was then replaced and the scalp closed. Culture of the pus gave a growth of non-hemolytic anaerobic streptococci. Following this procedure consciousness was

regained though the patient's pulse rate remained high and her blood pressure was low. However, her general condition slowly improved, there was a gradual marked improvement in her hemiparesis and she was able to answer questions readily though she had an apparent naming aphasia and marked perseveration.

Her condition continued to improve until the end of March when her symptoms again became more marked and there was a return of drowsiness, so the abscess was needledd again and 110 c. cms. of pus withdrawn. This again led to a marked improvement, followed in turn by another exacerbation of symptoms, so at the end of April her abscess was again tapped and this time 45 c. cms. of sterile pus were withdrawn. On this occasion the pus was thinner and showed no organisms on smear or cultivation.

Again there was improvement followed in turn by increase in symptoms as the abscess re-filled. It was therefore decided to remove the abscess.

This was done early in May. The bone flap was turned again and an incision made in the frontal cortex over the abscess which was then carefully dissected out of the frontal lobe.

The abscess occupied the entire frontal lobe on the left side, the brain tissue being compressed to form a shell around it. Medially it sent a projection beneath the falx cerebri which indented the medial surface of the opposite hemisphere. Its wall was of considerable thickness—over 0.5 cms. in most situations.

The girl recovered slowly from this long operation. When discharged three months after her admission she was free from symptoms, her speech had entirely recovered and there remained but the slightest trace of the right hemiplegia. The latter took the form of a very slight weakness of the right arm. Her only disability was a considerable reduction in her visual acuity resulting from optic atrophy due to long continued high papilloedema.

I wish to thank Mr. J. E. A. O'Connell for encouragement and help in the preparation of this paper.

(After reading an essay by Prof. Ryle and a poem by Samuel Butler.)

Farewell, good cheer, my colleagues dear.
'Tis true, I trust, we'll have no fear;
Perhaps, indeed, there'll be no pain.
But, tell me, shall we meet again?
Our names may meet, like any name,
On the hall's mural scroll of fame.
Our souls, diffused in æther vast,
Will have forgotten all our past—
How one said "Yea" and one said "Nay,"
And on which side we stress did lay.
But all our thoughts in some way live,
Blended with those which others give.

E. PARKES WEBER.

November, 1941.

** The writer states that Samuel Butler's poem in question was quoted in his "Aspects of Death," 4th edition, 1922, p. 216. Prof. J. A. Ryle's excellent essay "Of Death and Dying" ("Lancet," 1940, ii., p. 401) has been humorously likened to glad tidings in telegraphic style: "All's well. Death is mostly painless. Therefore enjoy your life by living with zest, without fear, but to good purpose." The idea of the diffusion of the soul or mind

in æther (not ether) occurs in an inscription, now in the British Museum, on the Athenians who fell in the battle before Potidaea, B.C. 431-429. The writer's conclusion on "meeting again" is contained in the last two lines. "Æther" means literally the high air of the sky, but the writer thinks it permissible to use the word symbolically for the airy utopia (= nowhere) of a poet's dream—or for Nirvana.

THE ANALYSIS OF MRS. ARRIS

By E. B. STRAUSS.

[When we invited Dr. Strauss to provide something for the JOURNAL, he said that his first published contribution to medical-psychological literature (sic) was by no means his worst; and he thought that some of our readers might be amused by it. We are inclined to agree with him. It was originally published in the May, 1922, issue of the "King's College Hospital Gazette"; and we reprint it here with acknowledgments to that journal.—Ed.]

That all this happened exactly as is here set forth, I can vouch for, since I had it from the lips of Mr. Ernest Seeker himself, and psychoanalysts are notoriously truthful people; moreover, Mr. Ernest Seeker is a student at Saint Cataplasma's Hospital, which is my own. I don't know why Mr. Ernest Seeker took up psychoanalysis in the first place; he seemed quite a normal fellow in other ways. But there is an odd streak in all of us. He knew why people dream of sea-serpents and what a stick of dream sealing-wax symbolises. In short, he was a very accomplished analyst; and as you will see, he managed to bring up more repressed material from Mrs. Harris in one sitting than his qualified colleagues could have done in a year.

If what follows appears coarse and unseemly, the reader must remember that absolute frankness is essential in these matters (vide any textbook of Psychoanalysis) and that, as Mr. Ernest Seeker is so keen on emphasising, our disgust is the measure of our own unconscious repres-sions.

Mrs. Harris had been a regular attendant at Casualty for many weeks, complaining of divers symptoms (I don't mean Caisson Disease)—palpitations, an unduly florid complexion, pains in the knees and "spasms" (a mysterious malady peculiar to the genus Mrs. Harris). This was a syndrome unfamiliar to Mr. Ernest Seeker, who examined her one day in Casualty. Being unable to find any physical signs, he told Mr. Herberts, the Senior Casualty Officer, that, in his opinion, the case was purely functional; and then, greatly daring, suggested that the case be handed over to him for a little psycho-analysis, you know." Mr. Herberts is a plump and pleasing person, long-suffering, infinitely benevolent, and blessed with two fascinating symmetrical dimples. But he had suffered very

long indeed from the regular attendance of Mrs. Harris, who, like others of her sex, could not view the dimples quite unmoved; in fact on her last visit she had gone so far as to call him "young man" in an arch and playful manner. This was too good an opportunity to miss of freeing himself from Mrs. Harris's continual visits; and so he gladly handed the lady over to the psychological arm for summary treatment, saying, "take her and cure her; or at any rate, take her and keep her."

Three days later Mr. Ernest Seeker received the visit of Mrs. Harris who arrived suitably attired for her first period of the new treatment in a shiny black bonnet trimmed with a blood-red dahlia, the whole set at a somewhat garish angle on her distinctly brachycephalic head; a cape of rusty bombazine in the highwayman pattern set off a navy-blue skirt embellished with purple braid. She was very flushed and was breathing heavily. In her right hand she carried an 8-oz. bottle containing a shimmering white liquid, in her left she bore an immense umbrella, whose handle was fashioned in the likeness of a bird half way between the parrot and the lately extinct and lamented dodo. Mr. Ernest Seeker was visibly impressed by this magnificence and steeled himself for the task in hand.

"Your name and occupation, please Ma'am," he asked in impressive tones, although he knew both.

"My name's Mrs. 'Arris, and I does a bit of charin', not that I needs, mind you, but out of friendliness like, and me that 'ighly respected in the 'ole streat, although I says it as ought'nt. . . ."

"Quite, quite," interrupted Mr. Ernest Seeker suavely, "But to come to business. We are fully persuaded that your symptoms are of

a functional nature; that they arise from a disordered psychic equilibrium and have no organic objective basis."

"Lawks, now who'd 'ave thought of that," said Mrs. Harris, hugely delighted, and took a little sip from her bottle. "A little cough-linctus, wot Dr. 'Erberts gave me, and it also does my spasms a power of good," explained Mrs. Harris ingratiatingly.

Mr. Ernest Seeker cleared his throat and continued.

"In order to re-establish a perfectly adjusted psychic balance, it will be necessary for me to discover and bring into consciousness certain highly affective constellations of ideas, which are at present in the unconscious strata of your mind, and which are undoubtedly the exciting cause of your symptoms. I hope I make myself quite clear."

"Lawks-a-daisy now, 'ow you do talk to be sure. My 'Arris says as 'ow I can talk the 'ind-leg off a coster's moke, but you beat the band," said Mrs. Harris, taking another pull at her bottle.

"To give you an example," proceeded Mr. Ernest Seeker quite unperturbed. "I see you have a strongly marked complex of class-consciousness, seeing that you repress the initial letter of your husband's patronymic—electing to call yourself Mrs. 'Arris in spite of the fact that rough breathing seems to come naturally enough to you."

Mrs. Harris gasped, rumbled like distant thunder, and coyly placed the back of her hand over her mouth.

"Insufficiently sublimated *flatus complex*," scribbled Mr. Ernest Seeker in his notebook. Suddenly a brilliant idea crossed his mind.

"You suffer from pains in the knees, do you not? I think we can explain them in terms of your social complex. Pains in the knees immediately suggest Housemaid's knee, do they not? Your class-consciousness compels you to repress your social ambitions, which manifest themselves to consciousness in the guise of painful symptoms ordinarily pathognomonic of an affection peculiar to a body of workers one stage higher in the social scale than your own. In other words, you unconsciously desire to be a housemaid."

Mrs. Harris breathed Mist. Aetheris cum Ammon. cum gin cum much wrathful indignation at him.

"Wot! Me want to be a 'ousemaid! Me, 'oose first 'usband, Mr. Boffin, as was, 'ad a law-suit with a stock-broker!" And she dropped her umbrella on the ground in her agitation, and appealed once more to the bottle to redress her injured feelings.

"I know that these revelations come as a great shock," said Mr. Ernest Seeker soothingly.

"But from now onwards you will cease to suffer from pains in the knees. And now," he went on breezily, highly pleased with himself, "We must seek to reveal as successfully the hidden springs of your other symptoms; for which purpose it would greatly assist me, if you would relate me one of your dreams."

"Dreams," said Mrs. Harris, "I dream by the mile; only last night I dreamed that I was doing a bit of washin' in my back-yard. Now, me being classy, you understand, always does my washin' in the bath wot the new landlord, poor soul, who's now in the asylum, made me 'ave. But in the dream, I was doing the washin' in Mrs. O'Leary's butt, wot lives next door; though wot she wants to collect rain for, I can't think; nasty dirty stuff I calls it, any 'ow she don't use it for waterin' 'er little pick-me-ups. Well, as I was saying, I was usin' 'er butt from next door; and now I comes to think of it, there was two butts joined by a bit of 'ose-pipe. The more I washed, the dirtier my washin' became."

"Most interesting, most interesting," cooed Mr. Ernest Seeker. "And now please let us associate freely."

"'Sociate freely!" shrieked Mrs. Harris. "Not if I knows it! Not if you was the Popes Rome or the Princer Wales. I am a respectable married woman, none of your free-and-easy-flibberty-jibberty bits." And she emphasised her respectability by yet another appeal to her bottle.

"You quite misunderstand me," said Mr. Ernest Seeker. "But happily, your dream interprets itself. Freud has frequently drawn attention to the free use made by the endopsychic censor of the pun, in disguising our wish-fulfilments. From this one dream alone, I can explain all your other symptoms. Palpitations, heightened colour and heart-flutterings are the outward and visible signs of the romantic emotions. For whom then do you cherish a repressed passion? Your most illuminating dream supplies the answer. In your dream you make no use of your own domestic convenience, but appropriate the butts of the lady next door, her butts, you understand. The interpretation is obvious. You are the victim of an antisocial and hence properly repressed passion for Mr. Herberts, our Casualty-Officer; your wish is fulfilled in dream form and symbolised in symptom-formation. I could elaborate on your dream at great length, but . . ." He glanced at Mrs. Harris and noticed that her complexion had assumed the colour of Devonshire cream and that she was

trembling violently. Presently she began to scream.

"Help, help! Snakes and devils I sees them everywhere. Do you see that little varmint with the pink tail climbing up the window. And struth! there's a rat with blue eyes climbin' up your trowser-leg."

Mr. Ernest Seeker scribbled hastily in his notebook "hallucinations of erotic symbols everywhere and in everything."

"Lawks, 'e's coming to fetch me in a chariot of fire," yelled Mrs. Harris.

"Who is?" asked Mr. Ernest Seeker.

"The Angel Gabriel," gasped Mrs. Harris, and showed signs of imminent collapse. Mr. Ernest Seeker hurriedly leant forward to render assistance, when suddenly there was a roar like unto Niagara bursting its banks, and Mrs. Harris brought up all her repressed material in one rush. . . .

I saw Mr. Ernest Seeker shortly afterwards, removing the final traces of his first psychoanalytical encounter over a wash basin; and he told me all about it.

"I have never seen such a remarkable abreaction in all my life," he said. "I guarantee that the patient is completely cured and will not trouble Casualty again for months."

But Mr. Ernest Seeker was mistaken; for one week later, Mrs. Harris appeared in Casualty again, suffering from a black eye and a hat-pin wound in the thigh.

Mr. Ernest Seeker will not find much difficulty in explaining the hat-pin wound; but I confess that I am much looking forward to hearing what a black eye symbolises.

CORRESPONDENCE

TROUT

To the Editor, St. Bartholomew's Hospital Journal Sir,

In your editorial on "King's English" in the December number of this JOURNAL, you quote with approval Fowler's rule to prefer the Saxon word to the Romance; and you state that Dr. Evans also recommends the Saxon word. In a sentence, which, be it noted, contains four Romance words to two words of Saxon origin, you express the feeling that this hospital is awake to the dangers of obscuring our thoughts with foreign words; while Dr. Geoffrey Evans, on a subsequent page, successfully avoids this danger in a sentence regarding the pulse in which he uses eight Romance words to four Saxon words, without obscuring our thoughts or his meaning.

It may be true, as Dr. Evans maintains, that "diet" is a word often used when "food" would be better; but on the other hand we have in the word "diet" one with a meaning more explicit and more precise, since it includes the ideas, not only of food, but of quality, quantity and planning of meals. We may substitute, as does Mr. Tubbs, the word "bubble" for "rôle"; but without conveying the same correct meaning, since a rôle is a sound which is heard, while a bubble is merely something seen but not heard. And "hang-over" is perhaps not so elegant and so appropriate a word in the sense that Dr. Evans uses it, as would be the Romance word survival.

Though Greek and Latin may have had their day in a system of medical education, they still remain useful, or even indispensable, as a source of names of precision for newly discovered facts. Indeed, most of the older as well as the modern names used in medicine are of Greek or Latin origin. Where could we find Saxon words for physic, physician, surgeon, pharmacopœia, or even for editor, hospital and journal; for asthma, angina, dropsy, dysentery; for

immunity, allergy, anaphylaxis; for pulse, artery, vein; and for a multitude of other names used in medicine, as well, perhaps, as for the majority of words of our common vocabulary. Where would the physician of to-day be without his stethoscope and his thermometer, or the surgeon without asepsis and anaesthetics, or either without the non-Saxon words associated with these and many other modern advancements? And how would medicine and surgery now fare without the use of X-rays with its extensive foreign nomenclature?

Apart even from the use of foreign words in science, there are many who, unlike the Germans, reject the idea of a purely national language and rejoice in the mixed vocabulary of our own. That brilliant essayist, Alice Meynell, was one who claimed that "of all the heritages of the English writer the most important is that he receives a language of dual derivation—a choice which is offered by few other languages." Another writer, Logan Pearsall Smith, in a little volume, *The English Language*, observes that there are two opposing ideals—nationalism in language, as against borrowing; a pure as opposed to a mixed language. To those for whom nationalism is the important thing in modern life, and who could wish that their own race should derive its language and thought from native sources, a "pure" language is the ideal form of speech; while those who regard the great inheritance of European culture as the element of most importance in civilisation, will not regret the composite character of the English language, the happy marriage which it shows of North and South, or wish to deprive it of these foreign elements which go to make up its unparalleled richness and variety!

Yours, etc.,

H. G. ADAMSON.

Bourne End, Bucks.
December 13th, 1941.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I note that your Editorial and the article by Dr. Geoffrey Evans contain an impassioned plea in favour of a better use of the English language, and suggest, among other improvements, a more pithy and brief form of expression, coupled with the preference of Saxon words to either Latin or Greek. Dr. Evans as an example inveighs against the word "dyschezia" on the grounds that the average student can neither spell it nor understand it.

Nevertheless, if this same student possessed a rudimentary knowledge of Latin and Greek, he would have at his command the means of understanding a whole host of medical terms which are most descriptive and are the soul of brevity, in that one word suffices for several Anglo-Saxon ones. There are, of course, many bad terms among these Greek and Latin derivatives, but the discerning doctor will not use them.

As a fair example, the word "dyschezia," if translated into Anglo-Saxon, becomes "pain on passing a motion" or "pain on going to stool"—for we are not allowed to use the term "defacation." In fact, to find a single Anglo-Saxon word with which to replace "defecation," one has to use a word which, at one time in common usage, has now become an abusive epithet only used in our less inhibited moments.

One last word: may I suggest to Dr. Evans that from a student's point of view the term "N.A.D." is admirable. Surely he would be rash indeed who, as a student, declared the patient to be normal. No! Let us keep "N.A.D." as a form of defence and a reminder that we may have missed something, and leave the term "normal" to the more confident members of the staff, e.g., Housemen.

Yours faithfully,

London Fever Hospital.

J. A. SMITH.

December 11th, 1941.

(It is interesting to note that the response of our readers to provocative matter in the JOURNAL is in inverse ratio to the matter's importance. Since we are certain to be even more vigorously abused in the near future we will reserve our counter-attack until the happy day when we shall be able to smite down all our enemies at one blow.—Ed.)

TENDENCY TO CLAPTRAP

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Many thanks for the article by Dr. Geoffrey Bourne entitled "Clinical Clichés and Claptrap." It was not only very amusing but also very instructive, for although on a ward round none of us would dare to talk of "tendencies," or "a strained heart," yet I fancy that many of us when in practice and facing a vast waiting room full of patients, might perhaps descend to such subterfuges to satisfy the demand for a diagnosis.

I sometimes wish that more space were spent in the textbooks in describing what is meant when the laity talk about such conditions as "biliousness," "chill on the liver," or "rather liverish this morning, doctor." The Pathology books might explain

why sitting in a draught or getting one's socks wet tend to bring on a "cold"—if they do. One fancies that "biliousness" means an attack of migraine or perhaps acute gastritis, but perhaps Dr. Bourne may be persuaded on to write another article and explain in greater detail?

If I had known that the Editor was suffering under "an almost continual bombardment of criticism and abuse," I would have written before to express my appreciation of the articles by the Librarian, Mr. Thornton, entitled "In Our Library." It is a pity that the curriculum is so full that a little more Medical History cannot be taught, interspersed perhaps in clinical and theoretical instruction, for, apart altogether from its cultural value, surely history, anecdote and mnemonic are not to be despised as aids to learning, particularly in such a subject as anatomy, with which your correspondent is now struggling, without the help of the Charterhouse bottles, for his "Surgery."

Yours faithfully,

G. R. HOLTBY.

Friern, November 10th, 1941.

REMINISCENCES

To the Editor, St. Bartholomew's Hospital Journal Sir,

It may be of interest to add a little to the reminiscences of "Septuagenarian" about the staff of Bart.'s at the period about which he has been writing in the JOURNAL.

Septuagenarian says that Lockwood certainly did his bit to introduce aseptic surgery, but would inadvertently pick up the patient's notebook just before starting to operate and so spoil his previous toilet preparations.

HOWARD MARSH similarly had a gesture which would spoil his "toilet preparations" but although he was aware of it, he found it difficult to give up doing it. It was the habit of putting up his hand to his glasses during an operation when he was considering how to proceed. To avoid doing this he used to ask whoever was standing next to him to give him a nudge if he started to raise his hand to his face.

On the one occasion that he instructed me no nudge was needed and I do not know when he cured himself of the habit.

WALSHAM is referred to by Septuagenarian as being a small man, and his size gave an amusing point to an incident that occurred in the out-patient department. He liked to remember patients who had previously attended, and also the names of students who were there. I used to sit beside him and he several times asked me the name of some student and then later on made a point of addressing that student by name. One day a very tall, large, muscular man came as a patient and Walsham said he remembered him. When the man said that he had not been to Bart.'s previously, Walsham said they must have met when he was carrying out his duties and asked what was his work. The man promptly replied that he was a chucker-out at the Empire. No comment was made as to the truth of "Wee Willie" having ever been forcibly removed from the Empire promenade to Leicester Square.

BUTLIN was taking round his Wards a class of men who were up for the final F.R.C.S. examination. He asked one after another to examine the leg of a

patient and to give their opinion as to whether the leg should be amputated. The first man thought that no operation was indicated, and the others all agreed with him. In his quick decisive way Butlin said that they were all wrong and that he was operating the next day. But the patient had heard what had been said and no doubt felt that these older looking men were not mere medical students. So immediately he spoke up and told Butlin that as all these other doctors did not think that his leg should come off he refused to have the operation. He got up, dressed and left the hospital and was never heard of again.

DR. HENSLY was one of the older generation of physicians who, at the end of the last century, were disturbed at what they considered was a growing tendency of some surgeons to operate prematurely, especially on abdominal cases. In those days the physicians took turns to give a weekly lecture, and a rumour went round the hospital about the lecture that Dr. Hensley was giving. Instead of a very small attendance the room was almost full and we heard a very spirited discourse on a case and the conclusions to be drawn from it. I was house physician to Dr. Hensley at the time, and he had been called in to see the case in the ward of the corresponding surgeon. The patient had been admitted with certain acute abdominal symptoms, a rather hurried history had been taken by the house surgeon, the surgeon had been called in and had opened the abdomen but had not found anything abnormal. Dr. Hensley diagnosed typhoid fever and the patient made a good recovery. In those days, early cases of appendicitis often found their way into medical wards, and I remember that several times Dr. Hensley called in Dr. Church in consultation as to whether the time had come for a surgeon to be asked to see the case for possible operation.

In those early days of aseptic surgery one of Lockwood's efforts for antisepsis was to take a large pepper pot filled with Iodoform and sprinkle a considerable quantity into the abdominal cavity just at the end of the operation.

Yours faithfully,

STANLEY BOUSFIELD.

10, Albion Street, W.2.
December 11th, 1941.

(We should have made it clear in the last number of the JOURNAL that the series of reminiscences contributed by Septuagenarian is now complete.—ED.)

GOBBO AND THE PUSSYCAT

To the Editor, St. Bartholomew's Hospital Journal
Sir,

Your Hill End correspondent is obviously still smarting from the indignity she suffered when her adolescent utterances were rejected a month or two ago.

It has been hard enough to bear these monthly effluvia in silence in the past when the contents were confined to stories of "stoats and prunes," but now that a feline attack on our faithful Gobbo and his writings has been included, some comment seems opportune.

If one's only knowledge of Hill End was gleaned from these monthly reports, it would be reasonable to suppose that the hospital was a cross between a girls' school and an American college from a Bing Crosby film.

Out of all those at Hill End, can no other writer be found who could produce accounts both more mature in style and, at the same time, more worthy of publication in the JOURNAL?

Yours, etc.,
ROBERT J. EVANS.

CIVIL DEFENCE AWARD

The King has given orders for the following award:—

M.B.E.—Donald Morton Dunn, M.B., B.S., M.R.C.S., L.R.C.P., House Officer, London Chest Hospital.

"The London Chest Hospital was severely damaged by enemy action. There were heavy falls of masonry in one wing and two elderly women, both seriously ill, were trapped. These and the patients of an adjacent ward, some of whom he had to carry single-handed, were taken to safety by Dr. Dunn. Nurse Jerome, who was injured while attending to a patient at the moment of the explosion, helped in the rescue work. Later she was knocked over and rendered unconscious, but on recovery she returned to the ward and continued to assist Dr. Dunn until all the patients were evacuated. Dr. Dunn and Nurse Jerome showed courage and great devotion to duty."

—The Times, October 18th, 1941.

OBITUARY

JAMES KINGSTON BARTON, M.R.C.P., M.R.C.S.

It is with great regret that we announce the passing of Dr. James Kingston Barton at the age of 87.

He was educated at St. Bartholomew's Hospital and qualified so long ago as 1875, becoming a member of the Royal College of Physicians in 1894. As a student he obtained the Bentley Prize and, after qualification, became a House Surgeon to the Ophthalmological Department.

He had a very busy life and had an extensive practice in Kensington, in which area he became the Medical Officer to the Siamese

Legation.

He was always greatly interested in the Medical College and was one of the strongest supporters of the College Appeal when it was purchasing Charterhouse Square. Indeed, he gave a quarter of his savings to the Medical College, one of the most generous acts done by any Bartholomew's man. Later on he embellished the grounds with rose trees and was a constant visitor to see how things were going on. His passing will leave a great gap in the ranks of Bartholomew's men.

FLYING-OFFICER A. F. BALDWYN,
M.B., B.S., R.A.F.

We deeply regret to announce the death of Flying-Officer Anthony Fleming Baldwyn, who lost his life while flying in the Middle-East last month.

Tony Baldwyn's life was short and brilliant. Ordinary difficulties like passing examinations meant nothing to him, and he became M.B., B.S (London) at the age of twenty-two. As a Kitchener Scholar he joined the Air Force after six months' house appointment at Hill End under Dr. Geoffrey Bourne. In the R.A.F. he realised that flying, and all that had to do with flying, made up a large proportion of what was really exciting in life. Nothing ever frightened him. Gliding had been his parti-

cular joy; and I have known him completely happy when hanging almost by his teeth from a cliff edge with the Atlantic a hundred feet beneath him; or beating a ten-foot dinghy single handed across a sou-wester. Whatever he did, and however exciting or dull it was, he always did it absolutely well, and he would not have wished his life to end in any way other than it did.

All those who knew him and his family, in the palmy days when 23, Mecklenburgh Square was a home from home for many Bartholomew's men, will join in offering Mrs. Baldwyn their profound sympathy.

R. S. H.

ELECTRICAL CONVULSANT THERAPY

By D. I. O. MACAULAY, M.D., D.P.M.

In the past, mental patients were often subjected to shock-therapy in the form of floggings or duckings. Whether these were looked upon as having a curative as well as a disciplinary role is highly doubtful. It is well-known that sudden emotional shock, hyperpyrexia and accidents have a salutary effect upon the course of mental illness. What actually causes this improvement is not well understood. In the last war, the faradic current was frequently used in cases of conversion

hysteria, often with the dramatic disappearance of symptoms.

Diethelm (1939) quotes a case of mania recorded by William Oliver of London in 1781, in which improvement occurred after large doses of camphor, given to quieten the patient, had produced convulsions. The use of camphor in convulsant doses was also recommended in cases of lunacy in 1798 by A. Weickhardt in his *Medizinisches Praktisches Handbuch*. There are also a number

of references to the value of convulsions on mental disorders quoted in eighteenth-century French medical literature. In 1929 Nyiso and Jablonszky noted that patients who exhibited symptoms of both epilepsy and schizophrenia recovered from their schizophrenic symptoms if the fits became frequent. In 1930 Müller collected evidence in support of the thesis that there was a demonstrable antagonism between schizophrenic states and epilepsy. In 1932 Nyiso transfused schizophrenic patients with blood from epileptic patients. The failure of this method suggested to Meduna the idea of reviving the century-old idea of producing convulsions by means of drugs; and camphor was again the drug of choice. He began by experimenting on animals. No gross damage was found in the nervous systems of animals so treated. In 1933 Meduna gave 20 per cent. solutions of camphor in the form of Cardiazol intravenously to a number of schizophrenics until convulsions were produced. The results were encouraging. Also in 1933, Sakel introduced the insulin-shock treatment of schizophrenia. The fits accompanying this were at first looked upon as unfortunate incidents, but Meduna's success with Cardiazol convulsions changed that point of view.

The production of convulsions by means of the intravenous injection of drugs presents certain grave disadvantages: firstly with sub-convulsant doses or after recovering consciousness, the patient often experiences intense anxiety, which in retrospect assumes nightmare proportions. This terror sometimes causes the patient to refuse further treatment. Secondly, chemically produced convulsions are sometimes so severe that fractures and dislocations are apt to occur.

In 1938 Cerletti and Bini in Rome reported that they had perfected a technique for producing convulsions by means of the passage of an alternating electric current through the frontal lobes. The current is the ordinary alternating mains current (50 cycles per second). The electrodes are applied to the temporal regions; and the current is passed for the tenth part of a second.

The electrically produced convolution is similar to the Cardiazol fit but is, generally speaking, of less intensity. The tonic and clonic phases are less violent, and the duration is shorter. The convolution takes about 45 seconds and the patient recovers consciousness within ten minutes to half an hour. If the stimulus is a sub-convulsant one, a petit mal attack usually occurs. It is then advisable to increase the voltage and to give another shock

so as to produce a major fit.

All the early work on electrically induced convulsions had been carried out on mental-hospital patients under mental-hospital conditions, although Strauss, before the war, had treated a few suitable patients with chemically induced fits in the medical wards at Bart.'s. In 1939 he conceived the idea that it should prove possible to treat carefully selected patients under out-patient conditions in a general hospital. This seemed especially desirable since shock-therapy succeeds best in really early cases of mental disorder. He also thought that many kinds of mental disorder other than schizophrenia might benefit from electrical convulsant therapy (E.C.T.), and that many psychiatric patients might be helped to recover before they became definitely certifiable. Early in 1940, he and Angus MacPhail (of Friern Emergency Hospital) designed and constructed a small portable apparatus, which, in their view, possessed certain technical advantages over other electrical convulsant units, and which they considered to be specially serviceable under out-patient conditions. This apparatus, known as the Strauss-MacPhail Electrical Convulsant Unit, has since been put into private production and privately marketed, and is now in use in many hospitals throughout Great Britain.

In March, 1940, the E.C.T. Out-Patient Clinic was started in the Ward Laboratory on the second floor of the King George V. Building, and has been held subsequently on Friday afternoons. The Clinic has been visited by psychiatrists from all over the country; and St. George's Hospital is, so we are informed, starting a clinic on similar lines. The first nurse in charge of the clinic was Nurse Flunder. She was succeeded by Nurse Lake and Nurse Hastie-Jones. It is largely owing to the ingenuity and industry of the nursing staff that such a smooth-running routine has been devised, which allows of ten or more patients to be treated in comfort every Friday afternoon.

This is not the place for a clinical or statistical survey of the work of the clinic. It may, however, be stated that many cases of early schizophrenia, manic-depressive psychosis, involutional melancholia, and other psychiatric conditions have been successfully treated; and it looks as though, through the pioneer work at Bart.'s, electrical convulsant therapy conducted in the psychiatric out-patient departments of general hospitals may become the recognised, routine treatment of many forms of grave but early mental disorder.



SNIFF

BOOK REVIEWS

PSYCHOLOGY FOR EVERYMAN

A BIOLOGICAL INTRODUCTION TO PSYCHOLOGY, by R. J. S. McDowall. (John Murray, 6s.)

The reviewer is a dirty dog! He lays himself alongside his victim, worms his way into his victim's confidence, responds without reserve of thought or feeling and at the end of the book rounds with the unfriendly impersonalities of a critical judgment. Some authors make easy bedfellows. When they do not, the fault lies often with the reviewer, whose too reactive nervous system makes uncomfortable the passing friendship.

That was my difficulty with Prof. McDowall. The peace of a proper receptivity lay upon me as I read, when: "The losing of articles is in a difficult position, for many will deny that they lose only things that they do not value." Such sentences keep the reader awake only when he tries to understand them. To the reviewer they give shocks—shocks which may be due only to slips of the pen but . . . I read on. At the bottom of p. 47: "To the child the world is so much unknown and must be influenced by what he reads." Another slip? How many of such slips have I, lulled, passed over? I turn back the pages restlessly. The first sentence of the book—the preface: "Ever since the last war . . ." "Ever since . . ." "Ever . . ." Why "ever"? A mere unwanted word and, it may be said, a quibbling critic. Perhaps—but the critic's reflexes have been twanged. Let us not forget that thought is dependent upon, marches with and is inconceivable without language. Grammar and the elision of unwanted words are essential to its adequate expression. Having been warned we are not surprised when we find (p. 41), after quoting McDougall's list of primary instincts, the author observing: "It will be noted too, that he does not include reference to any spiritual instinct or the emotion of anxiety." The spiritual urge may or may not be an instinct but anxiety is certainly not an emotion. It is a condition, a state, what you will, but not an emotion—*i.e.*, the effect of an instinct.

The insidious process goes on. We are cutting adrift from such scientific sheet anchors as the proper use of defined words. Such generalisations as the following pass almost unnoticed: "When life begins, the child is conscious only of comfort and pleasure derived largely from feeding and excretion." These may be the high points of its consciousness but are the sensory organs of its skin not working? Does it not respond to its mother's softened tones? It certainly responds to the discomfort of wet nappies or a loud noise with unmistakable vehemence.

So—I fail. These jerks at my critical judgment are too much for me. I cannot ignore them and I am no longer an unbiased reviewer. I am alert, waiting for the next pin prick. It comes—they come, I should say, for there are many, generally unsuitable for quotation. But one—lest you think me unfair: "Greed is merely the desire for possession carried to excess and to an extent which causes the deprivation of others." A picture rises before my perverse eyes of a salivating gourmand contemplating the huge meal he is about to "possess" by surrounding it with his gastric mucosa and of which he hopes to deprive others! That was on p. 67. Three pages later, of the herd instinct is observed: "This instinct is, as it were, part of the beast itself." True!

Enough! This is evidently not the route by which things of worth which the author may have to say will be found. In the preface he sets out his object: ". . . as a natural sequel to the early biological teaching of medical students. . ." He would bridge the gap between frog jerks and modern psychology, including therein an indication of the pattern of Everyman's mind and without using incomprehensible psychological jargon.

In the earlier parts of the book a series of short dissertations upon some of the principal mental mechanisms reveal the author's plan to trace them back to their simpler progenitors in the spinal cord and even in the amoeba while in the same section pointing out these same mechanisms in operation through society. A simple plan and a good one. Why does it fail? Partly it does not. To those who have not related their psychology to biological simplicities it will introduce the idea—a needed introduction. It fails, I think, because the author has not watched his pen. Too often the tracing of the mechanisms through society loses direction and becomes a homily for the young. Distinctions are not always maintained. Some of the examples of "Projection," for instance, would do well for—"Inversion"—the previous section. As for "symbolism"—the word recurs once under "Projection" though it heads a page. The total effect is that the outlines become hazy and lack authenticity. The standpoint conveyed is that of an outsider with a training in biology using his common sense—and that means the sense of reality he has acquired from his main preoccupation. Biology deals exclusively with Signs; Psychology, or that part of it with which we are mainly concerned, almost as exclusively with Symptoms. The thought worlds produced by the two investigations are a long way apart, artificially so, for they are but the back and front of the picture. Nevertheless the technique developed in the one pursuit differs fundamentally from that developed in the other. It is natural to find an eminent biologist in the latter part of a fruitful life turning his attention to the other half of his subject. It is also not surprising to find that, with his customary landmarks of thought gone (and moreover without, I presume, extensive clinical experience to act as check), he should find it difficult to keep to the narrow path of close psychological reasoning. Were this not so he would hardly have said of religion: "By calling it an escape, however, it is not intended in any way to detract from its value." But to call it an escape does detract from its value. It may or may not be an escape but the detraction is there. The thought is not close enough.

The view also is interesting. It is often met—especially amongst those not themselves attracted by organised religion. The author sees—who does not?—the neurotic mechanisms, "escapisms" used in religion. Indeed it offers an important solution to the neurotic problem. In so doing it inevitably requires the stigmata of the problem it solves. So does every solution relate back to its problem.

Psychologically, the neurotic, by his religion, is able to use *i.e.*, fulfill many of those desires which, in their existing form, are unacceptable. Religion not only provides a motive but offers a wide array of mechanisms—projection, identification, inversion and the like—whereby the sublimation may be brought about. Some of these mechanisms may, at

times, be regarded as pathological since they manifestly enable the subject to "escape" from the "evil" that is in him. But in so far as they succeed in their object they bring the subject not less but more fully into relation with actuality. Thus religion may equally well and perhaps more fitly be held to be a portal of re-entry rather than one of escape. To dispose of the man who, eschewing the world and the flesh, enters a priesthood and spends the rest of his life in unquestioning service to humanity as "escapist" is to be dangerously superficial.

Moreover the concept has a wider application. The neurotic problem, as stated, is merely an exuberant form of the emotional problem of Everyman. Other ideologies have been and are being used for precisely similar purposes. Philosophies are often so used and Communism or Socialism and Science herself, for all her hardness of face, is by no means guiltless of offering the faithful a placebo for their inferiority and the cloistered security of alma mater's womb.

In short the accusation of escapism is a dangerous one. Without strict particularisation it is so easy to run amok with the idea. A little reflection discovers that not only ideologies but any preferred human activity can be envisaged as an escape from some less preferred activity and we emerge with the profound wisdom that we are all in it, all escaping—in our work, our ideas, our religion. Yet judging from what he says elsewhere, the author would, I believe, be in substantial agreement with much of the above and I do not think he would necessarily so dispose of the priest but in the sentence quoted he does. He drops the particular, becomes general and so lets the cat, nicely controlled before, off the operating table. In effect he observes that the madman's religion is a mad religion and from there goes on to suggest that religion is mad.

These two criticisms of a single sentence present the core of my complaint. Contrary to what is sometimes suggested, thought, in psychology, has to be (and usually is) closer than in any other branch of science, save only philosophy, precisely because its subject matter includes some of the less measurable aspects of reality. Generalisations in physical science are easily checked; generalisations in psychology have to be backed either by statistics (clinical experience) or very close reasoning if they are to be valid. However indignantly the layman may protest, a specialised training is as important in psychology as it is, say, in histology—and is of an entirely different kind. Prof. McDowall has read extensively and evidently dwelt upon his readings. He has a friendly emotional response to a considerable range of human activity. His tolerance of modern trends is genuine and comforting, but his handling of his subject matter lacks the very contact with reality which he would introduce into it. One feels that he is endeavouring to smooth out a discrepancy rather than express a glimpse of reality.

MIDWIFERY

THE NURSING COUPLE, by M. P. Middlemore, M.D.
(Hamish Hamilton. 7s. 6d.)

This book, based on hospital ward observations, is an intimate study of breast feeding from both maternal and infant view point.

Psychological reactions are carefully analysed and a useful classification of suckling types is indicated. Practical tips—some old, some not so old—are to be found in the treatment of feeding difficulties.

The book is quite unsuitable for the nursing mother, as recommended in the introduction. She will be bewildered and worried by its academic terminology. This detracts nothing from its undoubted value to the medical profession, particularly to midwives.

SURGERY

SURGERY OF MODERN WARFARE, Part V, edited by Hamilton Bailey, F.R.C.S., compiled by sixty-five contributors. (Livingstone, 12s. 6d. each part.)

Part V concludes this authoritative and very full symposium on war surgery. The section on wounds of the special senses is completed, with consideration of wounds of the ear, the air passages and sinuses. Mr. Hamilton Bailey writes a chapter on wounds of the neck with special regard to surgery of the blood vessels and of lacerated wounds. We are delighted to see that Mr. Hamilton Bailey gives ST. BARTHOLOMEW'S HOSPITAL JOURNAL as a reference in this chapter. Injuries of the skull, brain and spinal cord are then dealt with very fully, with operative details perhaps unnecessarily full, at the expense of details of conservative treatment. Professor Lambert Rogers and Mr. Cohen collaborate in two admirable chapters on diseases of the spine and spinal cord, one of the chapters being entirely devoted to operative details. A separate chapter on the care of the bladder in spinal injury emphasises the especial importance of this subject.

The section on subtropical surgery is of considerable topical interest.

There follow several chapters on administration which appear too exiguous to be of much value. They deal with subjects as diverse as wounds in naval action and hospital organisation in the E.M.S. Let us hope that no one will be flung into a position of responsibility in a field ambulance with only the relevant chapter in this book as guide. The Editor appears to suggest that this would be quite possible.

The Appendix is a resume of the surgical literature of the war. While it cannot claim to be complete it nevertheless contains an enormous amount of interesting and very useful information, worthy of consideration by all ranks in the surgical hierarchy.

In these times any medical man may at any time be compelled to deal with war casualties, and we would recommend this book to all, even to the overworked and over-exhorted student.

THE TREATMENT OF BURNS, by A. B. Wallace.
(Oxford War Manual, Oxford University Press.)

The above work appears at a most opportune time, for never before has it been so necessary to have a sound knowledge of the basic principles underlying the modern treatment of burns. These basic principles are set forth in a clear manner, and cover all aspects of the problem. Indeed, if such a charge may be brought there is a good deal of repetition. To-day the tannic acid method of treatment is under trial, having come under fire from a number of quarters. The author is a most ardent supporter for the defence, his eulogy echoing back and forth from a fair proportion of the pages. This is a pity, for it wastes much paper and the reader's time. Somewhat unexpectedly, for hitherto the methods for burns of the face and hands have been unsatisfactorily, there

is described a new paste (Englamide), consisting of albucid (a soluble sulphonamide), cod liver oil in glycerine and kaolin. Early results of the use of this have been encouraging. The illustrations are good.

* * * *

AIDS TO PATHOLOGY, by K. Campbell, M.B., F.R.C.S.
(Eighth Edition, Price 5s. Balliere, Tindall & Cox.)

The eighth edition of this book requires no introduction to students, with whom it has been popular for over thirty years. The subject matter has been revised since the last edition was published; the illustrations are well executed, and the book maintains the high standard of the "Aids Series."

ROUND THE SECTOR

AT CAMBRIDGE

A News Letter lacking nothing but an envelope, Mr. Editor, is a new achievement in Bart.'s journalism and the idea requires immediate exploitation. Furthermore, in view of Hill End's scathing remarks, this epistle will contain—News? Well, if the imagination is allowed sufficient latitude, the following might be put under that elastic heading, suggesting, however, that henceforth the word be "Knews."

Elected as Captain of the rugby club is R. G. ("Come on Cardiff") Ritman, genius of the mock pass and member of as keen a team of medical students as ever flailed fascia. Sons of the Leek are numerous in this team which, but for the unavoidable lack of training and co-ordination, would be a side of marked potentialities.

A little support from the non-playing element would be helpful at matches, a crowded touchline can greatly affect the ebb and flow of the game.

One Students' Union meeting (we do have them, you know) has so far been held at which the procuring of a common room for Bart.'s preclinicals was discussed at length and left for further investigation. If this is not a passing whim, then you may one day hear of a brown velour hat having been eaten in sorrowful penitence for being a misguided sinner. The fact that the desire for a common room has only appeared after two years in Cambridge makes the project appear ominously like a capricious fancy.

And, elevated to the very point of classical expression, I am provoked by the above to say "Cassandra nihil est" and must warn all and sundry that similar paragraphs may appear in the future dealing with such abstract problems as "How to decipher lecture notes," or even "Gray matter and how to apply it."

The troubles of running a dance, Mr. Editor, appear to be manifold. Not only must ample time for arrangements be allowed, but the circumstances under which it is to be run must first of all be completely clarified. These are the lessons learnt from the last dance run for Bart.'s students and their friends. Severe palpitations were incurred by at least two of the makeshift committee, but with the helpful assistance of several others the stage was set, the actors assembled and the play enacted and the curtain now falls on what may well be the last dance run by members of the preclinical years for some considerable time.

A collection in aid of the Red Cross has been started by Hudson, of the Biochemistry Department, and a collection box is circulated by him at intervals throughout the term. The whereabouts of the Practical attendance sheets will, no doubt, vary directly with the weight of the box.

And in conclusion, Mr. Editor,

May I use an epigram
To disclose within an anagram
My Identity, I am

Yours, D. O. SWAN.

* * * *

AT HILL END

At Hill End this month we have been working at full pressure, both in the Wards by day, and in the Reception Hall, continuing our social activities, by night. The latter

occupation will be for the benefit of all the patients in the Hospital, giving them Christmas entertainments. The Carol Concert and Christmas Show, "Black Frost," will be trans-

mitted by loud speaker to the wards for those patients who will be unable to come and see the performances. At present everyone is in a flap rushing here and there, getting permission for this and that, until no one knows who's doing what.

In the afternoons we still stroll across to the Nurses' Home for lectures, which are sometimes amusing, and on other occasions are inclined to send us to sleep; but in spite of this we are occasionally awakened. Recently this remark disturbed our slumbers : " All you need is an intelligent Nurse and a Rectal tube."

On November 24th the Hill End Bart.'s Club held their Annual General Meeting in the Reception Hall. The Treasurer told the meeting that in the past two years the Club had amassed £100 clear profit. It was then put to the members for suggestions to what purpose the money should be distributed. Various suggestions were put forward, one member made an amusing speech proposing that a telephone should be erected in the A.R.; another showed his keen anxiety for the Nurses by suggesting that the Nurses' Home should have a wireless. He rose every five minutes throughout the meeting asking for a motion to be passed here and now on this matter. At a later meeting of the Committee it was decided that £40 should go towards the

Christmas Ward Fund at Hill End.

We are very sorry to say that Sergeant Nash has just left us, and we are sure that everyone who has been at Hill End will appreciate our loss. He has been the back-bone of our Christmas Shows in composing and playing at the piano, also playing for our weekly Scottish Dancing, and anything else he has been called upon to do for the Hill End Bart.'s Club. We wish him luck for the future wherever he is posted.

We should like to mention in this news how sorry we all feel for Mr. K. R. Ogilvie, who is numbered amongst our patients. He was on his motor bicycle at the time, slowing down to give assistance to a near-by road accident, when a car came up behind him and knocked him down.

At a by-election held recently the following positions were filled.—

To the Students' Union and Hill End Bart.'s Club :

G. A. Lloyd;
D. V. Bates.

To the Hill End Bart.'s Club :

A. V. Livingstone.

Our Hill End Cartoonist will have come to the end of his course here on December 31st, and so will arrive at Bart.'s with his uncanny pen and ink, ready to catch the most unsuspecting member of the Senior Staff.

* * *

AT FRIERN

Good morning, my boy. Beastly cold, isn't it? I trust you're working hard for the coming entertainment at Queen Square.

I am, indeed. In fact, I've taken to reading the Medical Journals recently. Unfortunately they always print articles about things I've never heard of. Prefrontal Lencotomy, for example.

That's a new one on me. What do you know about it?

Very little. It seems to be a last court of appeal in mental diseases. If a man is possessed of some demon, and you can't exorcise it by giving him malaria, or cooking him, or doubling him up with electric shocks, you may try this. You stick a knife into his brain and " sever his association paths."

Reminds me of Charles Kingsley's description in "The Water Babies." "Bore a hole in his head to let out the fumes, which, says Cordonius, will doubtless do much good." As I remember, it didn't: but let's forget work anyway. How about some news from the Hatch? And will you, please, in response to

numerous requests, include more of the "personal element"?

Very well. Like the Rev. Hopley Porter—I do it on compulsion. So here goes. Winter has come to Friern, which is often wet, usually cold, and invariably depressing. In the Park, things are stirring. Much white powder covers the grass, and shows a regrettable tendency also to cover the beds in Infirmary 4. There is also . . .

One moment. Are you by any chance the man Sister's been looking for in connection with those same beds?

I must have notice of that question. As I was about to say, there is also a Tank. Its real use is obscure, but a suggested use is for ducking Japanese—a suggestion made in high circles. Al. Roth being now at war with the Axis, other M.A.V. strategists have been able to assume the offensive in debates on the conduct of the War. The paths at Friern are now more dangerous than the Eastern front as speed-king John P. Stephens roams around them,

grinning hugely, at about 10 m.p.h.

Tell me if you get fed up, won't you?

All right, so far. Incidentally, I've just heard a story you might like to mention. It seems that one of the élite of Cockfosters carries his vest and pants—albeit unwittingly—in his overcoat pocket. Much of his day is then consumed visiting local hostelries to find out which one he left them in.

Is that a fact? I suppose I mustn't press you for names?

Afraid not. But, if one might paraphrase the old proverb, "Lovely is as lovely does." More I cannot say.

We'll leave it at that, then. I hear Bill Badcock wants to know how he's supposed to sleep if stray revellers persist in waking him up at 2 a.m. Winclair—"Backache Winnie"—is now an authority on the management of the Puerperium, and denies emphatically stories that he has never seen a baby. Ronnie James looks more like Picasso every day, and Clive Sheen is said to have been seen in the neighbourhood of the Hatch. A contrast in magnitude is provided by Binn's voice and Maw's moustache, but . . .

That's enough. You may be personal, but if you're downright rude you may get into trouble. Anyway, that's quite enough chat for one day. Remember, you have an examination the day after New Year's Eve.

So I have. That being so, I am sure everyone will excuse me. Gentlemen—I wish you all luck.

ANTON.

SPORTS NEWS

HOCKEY

v. Staff College. Away. Won 5—3.

On returning to Camberley for the first time since war broke out we found the Staff College had raised a younger and fitter team than usual. But this only spurred us to start, for once, at full speed. As a result of brilliant spasms in a rather mediocre first half we changed ends three goals up, thanks to Bentall (2) and Heyland. The first ten minutes of the second half have always been a thorn in our side, and this match was no exception. For a while the defence was all at sea, and during this period the Staff College scored three times. Then, rallied by Currie, who had just stepped into the top of his form in a strange position, we gradually regained the upper hand, and an exceptionally pleasant game was brought to a successful conclusion with two more goals from Bentall who has now scored 7 goals in the last two matches at Camberley.

G. E. Hicks; W. O. Attlee, R. S. E. Brewerton; C. T. A. James, D. Currie, A. G. Freeman; T. M. C. Roberts, H. H. Bentall, J. L. Fison, R. Heyland, T. N. Fison.

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees.

Oct. ber, 1941.

Pass (Old Regulations).

Parker, K. H. J. B.	Ward, A. I.
<i>(Revised Regulations).</i>	
Andrews, R. H.	Harrison, K. O.
Bell, R. C.	Packer, F. H.
Bennett, D. H.	Phillips, H. T.
Boomla, R. F.	Sandilands, J. A. J.
Cooper, C. F.	Walters, F. J. H.
Cooper, R. S.	

SUPPLEMENTARY PASS LIST

Group I (Under Old Regulations).

Ware, C. E. M.	
<i>(Under Revised Regulations).</i>	
Atkinson, W. J.	Isenberg, H.
Bevan, J. E. C.	Messer, B.
Binns, G. A.	Nabi, R. A.
Borrelli, V. M.	Phillips, A. H.
Canti, G.	Reckless, D.
Champ, C. J.	Rees, R. G.
Citron, R.	Robertson, D. J.
Dalton, I. S.	Roth, A.
Davies, J. A. Ll.	Routledge, R. T.
D'Silva, J. L.	Shah, J.
Evans, R. J.	Shaw, C. H.
Haile, J. P.	Tickner, A.
Hall, M. H.	Tweedy, P. S.
Hill, I. M.	Webb, E. J. E.
Holtby, G. R.	Weitzman, D.

Part II (Under Revised Regulations).

Atkinson, W. J.	Lyon, W. C.
Boyle, A. C.	Purcell, S. D.

Part III (Under Revised Regulations).

Hall, T. E.	Nabi, R. A.
Howells, G.	Sinha, K. N.

v. Guildford and St. Thomas's Hospital. Home.

Drawn 4—4.

Being below full strength ourselves we expected a stern struggle with a side which had only lost one match this season. Consequently we were rather slow in settling down, which was unfortunate as it enabled our opponents to secure an early lead. In fact it was not until nearly half-time that Bentall scored our first goal, by which time St. Thomas's had scored four times. However, in the second half the St. Thomas's forwards faded right out of the picture, although it was not until the last ten minutes that our own forwards suddenly stepped into the most tremendous form, and evened the score through J. L. Fison, Heyland and Bentall.

G. E. Hicks; R. S. E. Brewerton, T. A. Grimson; C. T. A. James, S. R. Hewitt, R. J. Bower; T. M. C. Roberts, H. H. Bentall, J. L. Fison, R. Heyland, T. N. Fison.

IN OUR LIBRARY

X. *Tyson's Pygmies*, 1699

By JOHN L. THORNTON, LIBRARIAN

The evolution of man, and the science of comparative anatomy are two subjects that have much in common, and anatomical treatises on the creatures approximating man in physical make-up are of special significance to scientists interested in anthropology, craniology and related subjects. The first major work on comparative morphology was that compiled by Edward Tyson (1650-1708), entitled *Orang-outang, sive homo sylvestris*, and is but one of the author's numerous contributions to comparative anatomy.

Edward Tyson was born, according to some authorities, at Bristol, or, according to others, at Clevedon, Somerset, and was educated at Magdalen Hall, Oxford. Here he graduated B.A. in 1670, and M.A. in 1673, obtaining the degree of doctor of medicine at Cambridge in 1680. He was elected a Fellow of the College of Physicians in 1683, and also became a Fellow of the Royal Society. Tyson was physician to Bridewell and Bethlehem Hospitals, and also held the position of reader in anatomy at Surgeon's Hall. He died on August 1st, 1708.

In 1699 appeared Edward Tyson's *Orang-outang, sive homo sylvestris: or, the anatomy of a pygmie compared with that of a monkey, an ape, and a man*.

To which is added, a philological essay concerning the pygmies, the cynocephali, the satyrs, and sphinges of the ancients. Wherein it will appear that they are all either apes or monkeys, and not men, as formerly pretended, London; we also house a copy of the second edition entitled *The anatomy of a pygmy* [etc.], London, 1751, which is a curiously compiled book. The title-page is followed by the preface of the 1699 edition, then by the imprimatur, title-page, dedication, preface, text, philological essay, and list of Tyson's other works, all exactly as in the first edition, which are then followed in the 1751 issue by some of Tyson's writings taken from the *Philosophical Transactions*, on the rattlesnake, the musk-hog and the round-worm, etc. It would appear that the "second edition" is a re-issue of that of 1699, with a new title page and separately paginated section consisting of certain of Tyson's papers taken from periodical literature.

Edward Tyson's book is a classic monograph, well-illustrated with copper-plate engravings by Van der Gucht (unfortunately, certain of the plates in both our volumes are wanting). It is believed that Tyson originated the "missing link" theory, and this work is a thorough investigation of simian anatomy.

BIRTHS

HAYWARD-BUTT.—On November 11th, 1941, at Dooicot Park, Crail, Fife, to Kay (née Howarth), wife of Surgeon-Lieutenant Peter Hayward-Butt, R.N.—a son.

HODGKINSON.—On November 6th, 1941, at Grimsound, Milford-on-Sea, Hants, to Mary Stuart "Molly" (née Knox), wife of Dr. H. L. Hodgkinson—a daughter (Mary Stuart).

HUNT.—On November 25th, 1941, at the Central Nursing Home, Hornby Road, Blackpool, to Elisabeth (née Eville), wife of S/Ldr. J. H. Hunt, R.A.F.V.R.—a son.

MARRIAGES

BATES—YOUNG.—On November 15th, 1941, at St. Albans Abbey, by the Very Rev. Dean Thicknesse, assisted by the Rev. R. L. Moore (uncle of the bride), Dr. Michael Bates, younger son of Mr. Tom Bates, F.R.C.S., and Mrs. Bates, Worcester, to Jean Moore, elder daughter of the late John A. F. Young and Mrs. Young, Davella, Cupar, Fife.

BURNE—TURNER.—On November 22nd, 1941, at St. Andrew's Cathedral, Singapore, Thomas W. H. Burne, M.B., Malayan Medical Service, to Catherine V. Turner, M.D. Present address: Chesham Bois, Bucks.

EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

The charge for Nurses (and persons working in

CONTE-MENDOZA—BRINTON.—On November 29th, 1941, at the Church of Our Lady of the Assumption, Warwick Street, W.1, Dr. H. Conte-Mendoza, son of Don Antonio Conte and Doña Laura Mendoza de Conte of Panama City, to Constance, daughter of the late T. G. Brinton, of Esher, and of Mrs. Amy Brinton. The Rt. Rev. Bishop Matheus solemnised the marriage and the Rev. J. P. Waterkeyn celebrated the Nuptial Mass.

DUFFY—BOWERS.—On November 29th, 1941, at Chichester, Charles Allan Gavan Duffy, Capt. R.A.M.C., to Marianne Lucy Bowers.

DEATH

POULTER.—On November 27th, 1941, suddenly, at Radlett, Arthur Reginald, most dearly loved husband of Mary Poulter.

MISSING

BALDWYN.—Missing, but presumed to have lost his life on active service in the Middle East, F/O. Antony F. Baldwin, M.B., B.S., beloved eldest son of Mrs. Cecil Baldwin, and the late Captain C. F. Baldwin.

the Hospital is 6d. For all others it is 9d.

* * *

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